## County of San Diego, Planning & Development Services ENVIRONMENTAL REVIEW QUESTIONNAIRE FOR AGRICULTURALLY RELATED CLEARING PERMITS

**ZONING DIVISION** 

## \*This form should be completed at the time of submittal.

Applicant's Name:	Phone:
Applicant's Mailing Address:	
Contact Person:	Phone:
Site Address (if different from above):	
Parcel size (acres):  Provide a description of past and propo	Approximate quantity of earth to be cleared:sed agricultural use:
List documents to show past agricultura	ul use of site:
	For County Use Only

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## County of San Diego, PDS, Zoning Division ENVIRONMENTAL REVIEW QUESTIONNAIRE - AG CLEARING PERMITS

Continued

YES	NO	
		Is your project located on a hazardous waste site that is included on any list compiled pursuant to Section 65962.5 of the Government Code? <i>Please consult the San Diego County List of Hazardous and/or Substance Sites available at DPW or Building Counters.</i>
		Will your project involve the demolition or modification of a structure(s) greater than 50 years in age? (If yes, please supply picture(s) of structure.)
		Will your project disturb an archaeological resource such as rock art, grinding and milling features, or artifacts.
		Will any watercourse or natural swale be affected or will the clearing take place within 200 feet of a watercourse or natural swale?
		Does the project propose 40 acres or more to be cleared in an area that has been previously legally disturbed, (e.g. has been legally cleared in the past for agriculturally related operations)? If so, please provide evidence such as a permit number of an approved Agricultural Exemption form.
		Does the project propose 20 acres or more to be cleared in an area that has NOT been previously legally disturbed?
		Has your project undergone previous environmental review as part of a previous Subdivision or Use Permit? If yes, please supply the associated project name and permit numbers below:
I hereby certify the above answers are true and correct to the best of my knowledge:		
Applicant's Signature: Date:		
*This f	orm sho	ould be completed at the time of submittal.
		**** OFFICIAL USE ONLY ****
Recor	rd ID	